

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000065527

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** PFDG LLC

**Current Principal Place of Business:**

225 NW BAY PATH DRIVE  
CRYSTAL RIVER, FL 34423

**New Principal Place of Business:**

645 S. E. FORT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

P O BOX 420  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

P.O BOX 2315  
CRYSTAL RIVER, FL 34423

**FEI Number:** 20-4450586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARRICK, DAVID M  
420 MILLER CREEK  
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** GARRICK, DAVID M  
**Address:** P O BOX 420  
**City-St-Zip:** CRYSTAL RIVER, FL 34423

**Title:** OD  
**Name:** GARICK, SUSAN E  
**Address:** P O BOX 420  
**City-St-Zip:** CRYSTAL RIVER, FL 34423

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** DAVID M GARRICK

PRES

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date